| | | | BE | ST AV | AILADLE | ···· | | | | | | |
|--|--|------------------------------|------------------------------|-------------|---|------------------|----------|-------------------------|------------------------|-------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Application or Docket Number 19964485 | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN | | | | |
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | | 345.00 | OR | | 690.00 |
| TOTAL CLAIMS | | | 21. minus 20= | | | | | X\$ 9= | | OR | X\$18= | 18 |
| INDEPENDENT CLAIMS | | | ₩ minus 3 = | | 3= 1 | • 1 | | X39= | • | OR | X78= | 78 |
| MULTIPLE DEPENDENT CLAIM PRÈSENT | | | | | | Ī | +130= | | OR | +260≔ | | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | | | TOTAL | | OR | TOTAL | 28% |
| Cotumn 1) (Cotumn 2) (Cotumn 3) | | | | | | | | SMALL I | ENTITY | OR | OTHER SMALL | |
| MAM | | CLA REMAI AFT AMEND | MS NING ER | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | · | y | Minus | -21 | - 8 | | X\$ 9= | | OR | X\$18€ | 400 |
| ZEN | Independent | • | 3 | Minus | /- | • ~ | | X39= | | OR | X78= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | +260= | |
| | | | | | | | L | TOTAL DDIT, FEE | | OR | YOYAL ADDIT, FEE | |
| 10 | (Column 1) (Column 2) (Column 3) | | | | | | | | • | | | |
| 8 | | CLA REMA AFT AMEN | INING ER | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| MENDMENT | Total | . 3 | 7. | Minus | -29 | • / | | X\$ 9= | | OR | X\$18= | |
| MEN | Independent | • - | <u>)</u> | Minus | 3 | A . | | X39= | | OR | X78= | |
| ۲ | FIRST PRESE | NTATIO | V OF M | ULTIPLE DEI | PENDENT CLAIM | A | ! | +130= | | CR | +260= | |
| | | | | | | | | TOTAL | | OR | QX VAI | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | • |
| ENT C | • | REMA AFT | IMS INING TER OMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| : 22 | | 1 | | | | | - 1 | · | | - | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

"If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) in the highest number found in the appropriate box in column 1.

Total

Independent

OR

OR

X\$ 9= ·

X39=

+130=

X\$18=

X78=

+260=

ADDIT, FEE